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**** CONTINUING DATA *******

This application is a CIP of 10/224,268 08/20/2002 PAT 7,166,574

06/21/2007 ID

**** FOREIGN APPLICATIONS *******

none 06/21/2007 ID

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 01/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 10	TOTAL CLAIMS 59	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

5179

TITLE

Synthetic heparin-binding factor analogs

FILING FEE RECEIVED 929	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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